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OBJECTIVES: To describe the key financial resources allocation supporting the HIV/AIDS prevention, treatment, and social support programs in Thailand and to identify facilitators and barriers in financial management and monitoring system. **METHODS:** Based on a comprehensive review of financial reports from various sources such as UNGASS, NASA and NAMC reports, we explored the key financial resources that support the HIV/AIDS prevention, treatment, and social support programs in Thailand. In addition, we conducted in-depth interviews with different key informants responsible for the activities in response to the national policy on HIV/AIDS in provincial and district levels including domestic and international donors to assess the financial management, coordination and monitoring system. **RESULTS:** The total expenditure on HIV/AIDS in fiscal years 2007, 2008 and 2009 were 204, 210, and 218 million US$, respectively. The national HIV/AIDS spending was amount to 2.7% (2007) and 1.9% (2008 and 2009) of the total health expenditure. Domestic funding accounted for 83%, 85% and 93% of the HIV/AIDS programs in 2007, 2008 and 2009. Much of those spending emphasized on care and treatment while prevention budgeted for 14.1%, 21.7%, and 13.7%. The majority of treatment financing came from public health insurance schemes, but most preventive programs were from GFATM and other international sources. Effective system development in program management, monitoring and evaluation are still lacking among practitioners. **CONCLUSIONS:** Thailand has shown its potential to be self-reliant in combating HIV/AIDS. Nevertheless, care and treatment expenditures overshadow prevention, and most of the preventive programs are from international sources. Thus, the dominance of entitlement programs in funding for HIV/AIDS treatment challenges policy makers to monitor the extent and quality of HIV/AIDS care. For future savings in the cost of treatment and care, investing in prevention programs is essential, especially due to the declining support from international funds.

PIN106

HIV SCREENING PROGRAMME IN COMMUNITY PHARMACIES OF THE BASQUE COUNTRY

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OBJECTIVES: One in four HIV infected patients is unaware of his condition, and implies a threefold increase in the risk of HIV transmission. To describe the outcomes, users' socio-demographic characteristics and test acceptance of a new rapid HIV antibody screening test programme offered at Basque community pharmacies. **METHODS:** Cross-sectional study based on the answers given by the users of the rapid HIV antibody screening test, to a questionnaire. The programme was performed in 20 community pharmacies. Data shown come from a random sample of the 3514 tests carried out in the first year of the programme. Data gathered include test outcomes, users' socio-demographic information, their HIV risk profile, the reasons for asking for the test, and why they chose community pharmacies to have the HIV test. Statistical analyses included exact tests. **RESULTS:** There were 806 valid questionnaires, the mean age of test users was 36.2 years (SD: 11.0; range: 16-82; 71% men). 7 HIV test outcome were positive (0.85%; 95%CI: 0.34 to 1.75), 5 out of them were men. Only 10% of test users came from another country. Users' risk behaviour was predominantly heterosexual and 1 in 5 users asked for the test in the following three months after the exposure to the risk factor, when the test is not still accurate. More than half of the users hadn't had a previous HIV test. The reasons for choosing this kind of HIV test were mainly its quickness (just 15 minutes), and the convenience and rapid access to a community pharmacy service. The cost of each test for the Basque Government in 2010 was 18.15€ (1887.57€ to detect a positive one). **CONCLUSIONS:** This new rapid HIV antibody screening test in community pharmacies can supplement other HIV screening programs running as the user profile partially differs from them.

PIN107

TOBRAMYCIN INHALED SOLUTION UTILIZATION BY CYSTIC FIBROSIS PATIENTS: AN ANALYSIS WITH THE RAMQ DATABASE

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OBJECTIVES: Tobramycin inhaled solution (TIS) has been shown to preserve lung function in cystic fibrosis (CF) patients chronically infected with Pseudomonas aeruginosa. To minimize the emergence of aminoglycoside resistant P. aeruginosa strains, a chronic intermittent treatment of 28 days on and 28 days off TIS is recommended. The objective of this study was to assess TIS utilization modalities in CF patients. **METHODS:** Patients covered by the provincial public drug reimbursement program who had used TIS (Tobi™) on at least one occasion during the period from January 1, 2007 to December 31, 2008 were selected. To be included in the study they needed to be cover by the drug program for at least one year after the initiation of TIS. Patient's characteristics and drug utilization patterns were analyzed. For each patient, the number of 28 days periods for which they received TIS was estimated **RESULTS:** There were a total of 72 patients who have use TIS during the study period and were covered by the drug plan for at least one year after the initiation of TIS. The average age of TIS users was 25.6 years, with a similar proportion of males (51.4%) and females (48.6%). A large proportion of these patients (40,3%) had diabetes. In the first year following the initiation of TIS, different patterns of utilization were observed: For 15.3% of these patients, TIS was use as a continuous treatment (42 weeks or more of treatment), 41.7% received 4 cycles or more, 22.2% received 2 or 3 cycles and 20.8% received only 1 cycle of TIS during the year. **CONCLUSIONS:** In this sample, the utilization of TIS in CF patients was sub-optimal. TIS was used as recommended, as a chronic intermittent treatment by less than half of the study population.

Infection – Research On Methods

PIN108

SUSTAINED VIROLOGICAL RESPONSE AS PATIENT-RELEVANT ENDPOINT IN HEPATITIS C?

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OBJECTIVES: Chronic infection with Hepatitis C virus is causing advanced liver disease in a large proportion of patients. Standard treatment is antiviral therapy with the goal of a sustained virological response (SVR). The objective of the study is to validate SVR in the chronic infection Hepatitis C as patient relevant endpoint as defined by German code of social law. **METHODS:** Systematic literature searches were conducted in order to find relevant methods for the validation of surrogate endpoints in general and to find studies with appropriate data to perform the validation of SVR as a surrogate parameter in Hepatitis C. The validation will be realised with the best method according to the data available from the selected studies. **RESULTS:** Five studies were identified as basis for validation (out of 694 papers retrieved and 36 studies selected for further analysis). Due to the lack of long-term studies fulfilling the defined inclusion criteria, no differentiation between antiviral treatment schemes and different stages of the disease were possible. Methods of Prentice were identified as applicable for validation. With the four Prentice criteria, SVR could be validated as a surrogate endpoint for the endpoints liver cancer and mortality. However, this was not possible with data from all five studies and only partly with different analysis methods (combination) of data. For regression models or meta-analysis, data is not sufficient since individual patient data was not available. For one study further analysis (proportion of treatment effect) could be performed. **CONCLUSIONS:** When focussing on statistical methods current data allows for a very limited validation of SVR as a patient-relevant endpoint for treatment of Hepatitis C, only. There is a lack of long-term data (going beyond 5 years of follow up), especially for individual data of treated and untreated patients, likely due to the slow-evolving character of Hepatitis C.

PIN109

MODELLING THE POLICY OF MANAGING SEASONAL INFLUENZA IN THE UK

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OBJECTIVES: Seasonal influenza policy in the UK is directed to the elderly and selected high-risk groups. The department of Health Policy suggests that these individuals should be vaccinated every year to avoid possible costly or life-threatening complicationsTo define a cost-effectiveness modelling approach and structure that reflects the season-to-season impact of influenza on the entire UK population, and the consequences of policy **METHODS:** A structured, iterative, literature review and analysis of seasonal influenza models **RESULTS:** Fifty-four references were reviewed, 32 were assessed. The vast majority of models are decision trees, considering one influenza season; however, if unit of outcome was life years or QALYs, impact of influenza mortality was incorporated as average life-expectancy foregone. Nine models considered healthy and at-risk paediatric populations, six were UK models of which three papers considered treatment only and the remaining considered treatment and prevention. Ten models reviewed healthy working adult populations only, two were UK models, one considering prevention, the other treatment. Sixteen other models reviewed adult populations (healthy and/or at-risk adults, excluding healthy working adults), nine were UK models. Eleven papers considered treatment only, two considered prevention only and the remaining considered treatment and prevention. Twenty-one models evaluated the elderly, including residential populations. Nine were UK papers; five considered treatment only and four considered treatment and prevention. **CONCLUSIONS:** No study assessed the cost-effectiveness in the entire population, only sub-group analyses have been performed. None of the studies considered the impact of policy options over multiple consecutive flu seasons during a lifelong time horizon, and – as a consequence – were not able to incorporate accumulated (Quality Adjusted) Life Years gained for various age groups. Our suggested approach is a one-year cycle length, life-time, multi-cohort, Markov model from the perspective of the NHS, with cohorts starting in different age groups and accounting for at-risk populations.

PIN110

DEVELOPMENT OF A LARGE SAFETY DATABASE USING STUDIES CONDUCTED DURING THE CLINICAL DEVELOPMENT AND POST-MARKETING OF A VIROSOMAL ALUMINIUM-FREE HEPATITIS A VACCINE

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OBJECTIVES: Development of a unique database using data from studies conducted during the vaccine development and its post-marketing to evaluate the safety profile of a virosomal aluminium-free hepatitis A vaccine in a large population. **METHODS:** Available data from various studies, retrieved either from paper or electronic files, were evaluated and harmonized in order to be combined in a single database and all adverse events, concomitant diseases and concomitant vaccinations underwent a new coding. **RESULTS:** Initial data were available from 3 distinct sources, totalizing 35 studies: individual and summary data from clinical